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**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_  
Registered No. 194

## 1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Fred Crosby { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Oct 21 1930</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER Full name <u>Geo. Michael Crosby</u>	14. MOTHER Full maiden name <u>Rachael Elizabeth Williamson</u>
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9. Residence (Usual place of abode) <u>Globe</u> If non-resident, give place and state. <u>Ariz.</u>	15. Residence (Usual place of abode) <u>Globe</u> If non-resident, give place and state. <u>Ariz.</u>
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10. Color or race <u>White</u>	11. Age at last birthday <u>47</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>35</u> (Years)
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12. Birthplace (city or place) <u>San Francisco</u> (State or country) <u>Calif.</u>	18. Birthplace (city or place) <u>West Elizabeth</u> (State or country) <u>Pa.</u>
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13. Occupation Nature of industry <u>Salesman</u>	19. Occupation Nature of industry <u>Housewife</u>
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20. Number of children of this mother <u>6</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>6</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against oph- thalmia neonatorum? <u>Yes</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 3:40 P m. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature W. Adams

(Physician or Midwife)

Given name added from 638-921965  
a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_

Address Box 636 Globe, Ariz.

Filed 10/10 1930 H. E. Wightman  
Registrar

Registrar

IN THE CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.